



# WHISPERING WIND

"Sharing Life by Caring For It."® B. Nayeri



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- SPECIAL POINT OF INTEREST ARTICLE



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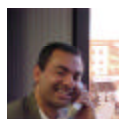
Articles, comments, requests, and letters to Babak Nayeri are welcome. Articles submitted for publication should be no longer than 700 words in length, typed, double-spaced, and conform to publication standards. Additional guidelines can be obtained from the editor.

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*Opinions expressed in articles are those of the authors' and do not necessarily reflect those of the Indian Health Service or the Editors.*

**We are on the web at:**

[http://www.ihs.gov/  
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Phoenix.asp](http://www.ihs.gov/MediacyPrograms/Alcohol/Phoenix.asp)



## *I am Listening!*

### Dear Editor,

How does one learn to think positively about oneself? How do you make it a point to be your own best friend? Well, that means giving yourself #1 - Acceptance. Identify and accept your strengths and your weaknesses. Everyone has them. Be willing to help yourself. Set realistic goals. Meet them by learning new skills and developing your abilities. Give yourself time. Take time out regularly to be alone with your thoughts and feelings. Get involved in activities you can enjoy by yourself, like crafts, a walk in the desert or the meadows or by hiking a mountain, reading or an individual sport. Learn to enjoy your own company. Give yourself the gift of trust. "That sounds fun!" Pay attention to your thoughts and feelings. Act on what you think is right. Do what makes you feel happy and fulfilled. By all means, encourage yourself. Take charge and give yourself the gift of a CAN DO attitude. Set a reasonable timeline for personal goals and yes - offer yourself encouragement along the way. Don't forget to give yourself praise. Take pride in your achievements, both great and small. Remember, you own your experiences. Enjoy them. Be willing to tell yourself, "I've done a good job! Remember to pay respect to yourself. Be yourself instead of trying to be someone you are not -- be proud of who you are. Explore and appreciate your own special talents. Learn to love the unique person you are. Accept and learn from your mistakes. Don't over-react to errors. Accept your successes AND your failures. Those who love you do! While on this road, you're going to be asking some questions. Is it EASY to change self-esteem? And of course, the answer is NO. It means taking a hard look at yourself, then changing the things you don't like. This takes time. But the results will be well worth the effort. If you've tried but aren't making any progress, consider seeking help from a professional healer. Remember, and say to yourself "I need to recognize good things about myself. I need to recognize my weaknesses. I need to forgive myself for the mistakes and make every effort to correct them. I need to learn to appreciate my better self." So, think positively about yourself. By this time you are ready to learn to love yourself. You are worth it!

## Impulse control disorders

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Impulse control disorders are thought to have both neurological and environmental causes and are known to be exacerbated by stress. Some mental health professionals regard several of these disorders, such as compulsive gambling or shopping, as addictions. In impulse control disorder, the impulse action is typically preceded by feelings of tension and excitement and followed by a sense of relief and gratification, often-but not always-accompanied by guilt or remorse.

The American Psychiatric Association describes several impulse control disorders: pyromania, trichotillomania (compulsive hair-pulling), intermittent explosive disorder, kleptomania, pathological gambling, and other impulse-control disorders not otherwise specified.

Another condition that some experts consider to be related to an impulse-control disorder is repetitive self-mutilation, in which people intentionally harm themselves by cutting, burning, or scratching their bodies. However, the American Psychiatric Association does not list this. Characteristics commonly seen in persons with this disorder include perfectionism, dissatisfaction with one's physical appearance, and difficulty controlling and expressing emotions. Self-mutilating behavior may occur in episodes, with periods of remission, or may be continuous over a number of years.

Repetitive self-mutilation often worsens over time, resulting in increasingly serious forms of injury that should flag the individual as a *high risk* for **suicide**.

Treatment includes both psychotherapy and medication. The SSRI Clomipramine (Anafranil), often used to treat obsessive-compulsive disorder, has also been found

effective in treating repetitive self-mutilation.

## ICD Epidemiology

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Epidemiological studies suggest that such afflicted individuals (and their relatives) are at high risk for alcohol and other substance abuse, obsessive-compulsive disorder, anxiety disorders, mood disorders, and other diagnoses. A standard textbook of psychiatry (Kaplan & Sadock, Eds., 1995) indicates that the impulse disorders range in incidence from the common (possibly 4% for trichotillomania and 3% for pathological gambling) to the very rare (pyromania, intermittent explosive disorder).

## Classification

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Difficulty controlling one's impulses occurs in many disorders; *especially* Substance Use Related Disorders, Conduct Disorders, Obsessive-Compulsive Disorder and Psychotic Disorders. Impulse Disorders (termed "Impulse-Control Disorders Not Elsewhere Classified" in the DSM-IV) involve the inability to resist an impulse or psychological drive to act in a way harmful to oneself or others. However the classification of Impulse-Control Disorders is reserved for those disorders in which the defining characteristic is the inability to inhibit an impulse which might be harmful to oneself or others. Disorders in this category include the failure or extreme difficulty in controlling impulses despite the negative consequences. This failure to control impulses also refers to the impulse to engage in violent behavior (e.g., road rage), fire starting, stealing, and self-abusive behaviors. There are five distinct Impulse Disorders in this category.

312.31 Pathological Gambling  
312.32 Kleptomania  
312.33 Pyromania  
312.34 Intermittent Explosive Disorder  
312.39 Trichotillomania

**Pathological Gambling** - recurrent, persistent and maladaptive gambling behavior.

**Kleptomania** - an inability to resist recurrent impulses to steal objects not needed for personal use or monetary gain.

**Pyromania** - a pattern of firesetting for pleasure, gratification, or the relief of tension.

**Intermittent Explosive Disorder** - an inability to resist aggressive impulses that result in serious physical assaults or destruction of property. Psychologists usually diagnose anger control problems as intermittent explosive disorder. Aggression and other problems associated with

**Domestic Violence** warrants a separate discussion and treatment consideration.

This disorder is often accompanied by an underlying personality disorder, which is, in and of itself, considered a disorder of impulse. Such individuals are prone to aggressive outbursts when under stress. There *may* also be “soft” *neurological* findings (subtle abnormalities of language, motor coordination, perception, and other central nervous system functions), but the disorder is considered to arise from poor control of impulse when needs or demands are not met. As the individual accumulates a series of experiences in which such behaviors are tolerated, often beginning early in life, the behavior continues.

**Trichotillomania** - noticeable hair loss due to recurrent hair pulling that gives pleasure, gratification or the relief of tension.

**Impulse-Control Disorder Not Otherwise Specified (NOS)** - impulse control disorders not included above or elsewhere in the DSM-IV.

### Differential Diagnosis

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Differential diagnoses of impulse control problems include (among others) antisocial personality disorder; conduct disorder, and mood disorders, as well as neurological conditions such as temporal lobe epilepsy. Whether the Impulse Disorders come from the same underlying etiology, or are simply a "residual group," remains unsettled.

**Treatment approaches** include both medications and psychotherapy. Selective serotonin reuptake inhibitors (SSRIs), that are used to treat depression and other disorders, have been effective in the treatment of impulse control disorders. Long-term insight-oriented psychotherapy is generally recommended in Impulse Disorders, since a supportive therapeutic alliance provides help in avoiding repetition of any dangerous or noxious behavior.

The treatment of all of these disorders is either difficult or not well evaluated. If you suspect a co-mingling problem associated with an impulse control disorder, consult a psychologist or psychiatrist to help you plan an appropriate course of evaluation and treatment.

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### 13 Signs of a Compulsive Debtor

1. Frequent use of the term "borrow" for such things as cigarettes, pencils, etc.
2. Borrowing small amounts of money from friends.

3. An association of charging with being "grown up".
4. A different feeling when buying things on credit than when paying cash - a feeling of being in the club - a feeling of being accepted.
5. An inordinate sense of accomplishment in just meeting normal financial obligations.
6. Inordinate apprehension when applying for a loan.
7. Unwarranted inhibition and embarrassment in what should be a normal discussion of money.
8. A lack of concern about things that don't have to be paid for this month.
9. Unusual difficulty in recalling and relating specific obligations to available funds.
10. Unrealistic expectations that there will be funds available in the future to meet obligations incurred in the present.
11. Inordinate feeling of euphoria on opening a charge account.
12. A feeling that someone will take care of you if necessary, so that you won't really get into serious financial trouble - that there is always that someone you can turn to.
13. The underlying, sometimes subconscious feeling that you need someone else to help you get out from under your financial problem.

**Have you answered yes to three or more of these questions?**

**You may consider seeking professional support before this pattern becomes so progressive that it causes serious consequences!**



### **ITCA Conference Highlights -**

**"Sobriety: The Best Medicine for Children."**

**By Dr. Wayne Mitchell**

The Inter Tribal Council of Arizona held its 18<sup>th</sup> annual Child and Family Conference, December 11-13, at the Hilton Hotel in Mesa, Arizona. The conference theme this year was "Sobriety: The Best Medicine for Children." Approximately 300 people were in attendance.

This conference provided an opportunity for tribes and programs to exchange information and knowledge regarding the effects of alcohol and substance abuse on Indian children and Indian families.

### **REFERENCES**

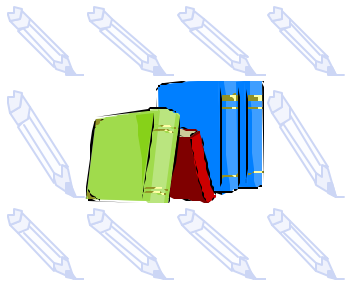
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## RESOURCES



Sex, Drugs, Gambling, &  
Chocolate: A Workbook for Overcoming  
Addictions by A. Thomas Horvath, Reid  
K. Hester, G. Alan Marlatt

## Job Bulletin

**CRIT BEHAVIORAL HEALTH:** 1) ASAP Clinical Manager, 2) Aftercare Therapist. For more information please call Dr. Ramsey, BH Director, at (928) 669-3255.

**Ft. MOJAVE TRIBE** – Substance Abuse Counselor. For more information please call the Mr. Cecil Collier, Program Director, at (760) 629-3529.

**HOPI TRIBE:** Substance Abuse Counselor. For more information please call Ms. Karen Honanie, Program Supervisor, at (928) 737-6323.

**SAN CARLOS APACHE TRIBE** – ADAP: Several Job Opportunities. For more information call Mr. David Reed, Program Director, at (928) 475-2413.

**Let us know about employment opportunities at your program.**



**On behalf of the Phoenix Area Indian Health Service, Office of Health Programs & A/SAP- May the Holiday Season bring each and everyone Peace and Happiness!**

## BULLETIN BOARD

**The Phoenix Area A/SAP recently released its tentative 2003 training calendar. The calendar was mailed out about 3 weeks ago. For more information call the A/SAP training officer.**

(CONTACT: DR. NAYERI AT 602-364-5165)

### **CDMIS TRAINING**

LOCATION: PHOENIX AREA OFFICE, 6TH FLOOR  
COMPUTER BRANCH TRAINING ROOM

#### **WHEN:**

January 7–8    March 4–5

June 3–4    August 26–27    October 15–16

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